FORM D

SEC 1972 (6-02)

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

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Prefix	Se	erial
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DA	E RECEIVED	
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UNITORINI ENVILLED OFFERING EXEMI	ITION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
July 2006 Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ST HI OF
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	// IIII 9 14 2006
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Ideal Financial Solutions Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
906 N. 1400 West, St. George, UT 84770	(435)-628-3201
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	<i>√</i> P
Financial Software	DIEASE SPECIFY): AUG 0 3 2006
Type of Business Organization	ALCO
✓ corporation	please specify): AUG 0 3 2008
Month Year	THOMSON
Actual or Estimated Date of Incorporation or Organization: 4 OZ Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 ct seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION—	
Failure to file notice in the appropriate states will not result in a loss of the federal examples appropriate federal notice will not result in a loss of an available state exemption unlessible of a federal notice.	cemption. Conversely, failure to file the ss such exemption is predictated on the

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	The Committee of the Co		Mark Street	engaggaggaggaggaggag	os et anec	7.2		
			DENTI	FICATION DATA		11	1000	
2. Enter the information i	•	ě .						
	•	ssuer has been organized		•		0.6		6
	٠,	• •		•	•			ss of equity securities of the issuer
*		of corporate issuers and o	or corpo	orate general and mar	iaging	partners o	r partne	ersnip issuers; and
Each general and	managing parties t	of partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							**
Sunyich, Steve				•				
Business or Residence Addr 158 West 1600 South, S	•	Street, City, State, Zip oorge, UT 84770	Code)					
Check Box(cs) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					•		
Sunyich, Chad								
Business or Residence Addre	css (Number and	Street, City, State, Zip (Code)					
158 West 1600 South, Sเ	uite 100, St. Geo	orge, UT 84770						
Check Box(cs) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)	· · · · · · · · · · · · · · · · · · ·		•				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)				-	
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
	Manufacture						· * • · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)	·				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					<u> </u>		
		•						
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	odc)		•		_	
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							,
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)					
		, ,,	,					

	190			B. 1	NFORMAT	ION ABOU	T OFFER	ING			16.	
1. Has t	he issuer sol	ld, or does t	he issuer i	ntend to se	ell, to non-	accredited	investors in	n this offer	ine?		Yes	No EX
		.,			n Appendix				•		<u> </u>	
2. What	is the minir	num investr					_				<u>\$_10,</u>	00.00
											Yes	No
	the offering	•		_							_	
comm If a pe or sta	the informatission or since the control of the cont	nilar remune sted is an as ame of the b	eration for s sociated po proker or d	solicitatior erson or ag ealer. If m	of purchas ent of a bro ore than fiv	sers in conn ker or deale re (5) perso	ection with er registere ns to be list	sales of sed d with the S ted are asso	curities in t SEC and/or	he offering with a state	;	
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of A	ssociated B	roker or De	aler									
States in V	Vhich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individua	States)		••••					☐ Al	1 States
AL	[AK]	AZ	AR	CA	[CO]	[CT]	DE	[DC]	FL	GA	HI	(dī
IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)	_	<u></u>				·			
Business of	or Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)		<u>-</u>	- 			
Name of A	ssociated B	roker or De	aler				···					
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	k "All State:							••••••	••••••		☐ Al	1 States
IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name	(Last name	first, if indi	vidual)									
Business o	r Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)			•			
Name of A	ssociated B	oker or Dea	aler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			· · · · · · · · · · · · · · · · · · ·			
(Check	"All States	s" or check	individual	States)	•••••	•••••••	•••••••	••••••••			☐ Al	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

••	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pric	е	Amount Already Sold
	Debt	\$		\$
	Equity		_	\$ 50,000.00
	☑ Common ☐ Preferred			-
	Convertible Securities (including warrants)	§		\$
	Partnership Interests	<u> </u>		
	Other (Specify)	\$		
	Total			\$ 50,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	1	_	\$ 50,000.00
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)	1		\$_50,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees	•••••		\$
	Accounting Fees	•••••		\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total			\$ 0.00

		_	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gro proceeds to the issuer."	ss	\$50,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used f each of the purposes shown. If the amount for any purpose is not known, furnish an estimate at check the box to the left of the estimate. The total of the payments listed must equal the adjusted gro proceeds to the issuer set forth in response to Part C — Question 4.b above.	ıd	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🗆 \$	_ []\$
•	Purchase of real estate	🗀 \$	_
	Purchase, rental or leasing and installation of machinery and equipment		_
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	. 🗆 \$	_
	Repayment of indebtedness	. 🗆 s	\$
	Working capital		
	Other (specify):		
		. 🔲 \$	s
	Column Totals	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 50,000.00
	Total Payments Listed (column totals added)	\$\$\$	0,000.00
	D. FEDERAL SIGNATURE		
The sign	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to the issuer to furnish to the AS. Securities and Exchange Commister information furnished by the issuer to any non-accredited in the tor pursuant to paragraph (b)(2) of	ce is filed under Ru ission, upon writte Rule 502.	ale 505, the following on request of its staff
Issu	ier (Print or Type) Signaline	Date P	1
ide	eal Financial Solutions Inc.	7/19	7 (06
Nar	ne of Signer (Print or Type) Title of Signer (Print or Type)	· · · · · · · · · · · · · · · · · · ·	
Stev	ve Sunyich President & CEO		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

-79	<u>second</u>	E. STATE SIGNAT	TURE		
1.	Is any party described in 17 CFR 230.262 presently provisions of such rule?		•	Yes	No X
	See Appen	ndix, Column 5, for	state response.		
2.	The undersigned issuer hereby undertakes to furnish D (17 CFR 239.500) at such times as required by st	•	strator of any state in which this notice	e is filed a no	tice on Form
· 3.	The undersigned issuer hereby undertakes to furnisissuer to offerees.	sh to the state admir	nistrators, upon written request, info	rmation furr	ished by the
4.	The undersigned issuer represents that the issuer is limited Offering Exemption (ULOE) of the state in to of this exemption has the burden of establishing that	which this notice is	filed and understands that the issuer		
	uer has read this notification and knows the contents to be thorized person.	be true and has duly	caused this notice to be signed on its	behalf by the	undersigned
Issuer (I	Print or Type) Sign	natur <i>e</i>	Date	1	
Ideal Fir	nancial Solutions Inc.			19 / A	1

President & CEO

Instruction:

Name (Print or Type)
Steve Sunyich

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

2 1 3 5 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price explanation of to non-accredited Type of investor and offered in state amount purchased in State investors in State waiver granted) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited No State Yes Investors Investors Yes No Amount Amount ALΑK ΑZ AR $\mathsf{C}\mathsf{A}$ CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MDMA ΜI Common Stock × MN X 1 \$50,000.00 MS

APPENDIX

APPENDIX

I	2 3				5						
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО	Arrahyan) Makarat Pantagan ang ang										
MT											
NE											
NV									-A18-25 humand manual [
NH						,					
NJ				_							
NM											
NY											
NC											
ND		NAMES OF TAXABLE PARTY.									
ОН											
ок											
OR	Same accelerate accelerate de la constitución de la										
PA											
RI											
SC											
ŞD											
TN											
TX											
UT											
VT											
VA											
WA									*		
wv											
WI									Annual (etc.) or a requirement of the desired		

<u>.</u>	APPENDIX											
1		2	3 Type of security		5 Disqualification under State ULOE							
	Intend to sell to non-accredited investors in State (Part B-Item 1) and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					(if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR	Constitution of the Consti											